	3	nder the Paperw	ork Reduction Act	of 1895, r	io persons are rec	wired to respond	Ų Jac i	.S. Patent and a collection of it	Trisdament Mi		wgh 7/31/2006.	CASSAGE (08-03) OMB 0651-0032 OF COMMERCE
		PATENT APPLICATION FEE DETERMINATION Substitute for Form PTO-875						RECORD		Application of Docket Number 73		
	CLAIMS AS FILED - PART ( (Column 1) (Column 2)							SMALL	ENTITY	OR		R THAN LENTITY
		FOR	NUME	NUMBER EXTRA			RATE	FEE	1	RATE	FEE	
	(C)?	SIC FEE CFR 1.15(v))							\$	OR		s
	67	TAL CLAIMS CFR 1.18(q)	20	20 minus 20 =				x s=		OR	× 4	
		EPENDENT CLAI CFR 1.18(b))	MS 2	2 mm 3 =				x 3=		OR	× 8 •	T
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(4))						1	+3 *		OR	+:	
	* if the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL		OR	TOTAL	
	CLAIMS AS AMENDED - PART II											
	L	(Column 1) (Column 2) (Column 3)						SMALL	ENTITY	OR .		R THAN ENTITY
	ENDMENT A	L	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
10	80	(१७ क्स । खादा विकास	2	Minus	21	-	П	X 5 =		OR	x	
	亞	independent (DF GFR L, VERICO)	3	Minus	73		П	× 5		OR	x./ :	
,	WY	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(4))						+5_ =		OR	7	
	10.5.00							TOTAL ADD'L FEE		OR /	TOTAL ADD'L FEE	
		10.5	(Corumn 1)		(Cotuma 2)	(Column 3)				- 1		
	NOMENT 8		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	5	Total GT GFR LHOUS	. 23	Minus	- A	21		x s=		OR	x <u>s 56</u> •	100
	Ш	Independent GIT CFR 1. Ve(ps)	. 3	Minus	<sup></sup> 3	·W		X \$ =		OR	A 8 .	
	AM	FIRST PRESENT	ATION OF MULTIPLE	L DEPEAD	ENTICUMM (37.0F	FF 1.16(09)	Ì	+1		OR OR	+s	
	(Column 1) (Column 2) (Column 3)						•	ADD'L FEE		OR	TOTAL ADD'L FEE	100
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Ì	ENT C	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	<b>1</b>	RATE	ADDI: TIONAL BEE
1	21	TOLE! (37 GPR 1.18(47)	.53	Minus	~23	-	I	X 6=		OR	X 8=	
- [	<b>GND</b>	Independent (37 GFR 1.18(14))	3	Minus	<sub>3</sub>	•	ſ	x 3		OR	X3	
1	₹	FURST PRESENTA	LTION OF MULTIPLE	DEPENDE	ENT CLAIM D7 CF	R 1.15(4))	I	+• /•		OR	•./	
				•				TOYAL ADD'L FEE	·	OR .1	TOTAL ADO'L FEE	

\* If the entry in column 1 is less than the entry in column 2, write "V" in column 3.
..." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
..." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2".
The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (I club or Independent) is the highest number lound in the appropriate box in column 1.
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